Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-28-07</u>	Address:	19411 Hwy 41 north
Case #:	<u>35f27202</u>		
County:	<u>Vanderburgh</u>		EVANSVILLE
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, ctc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): open air			
Corrosive Acid:			
Corrosive Base:			
Other (it	em and location):		
∐ Yes ⊠ No	r age 18 discovered (check one) (number present) out to Child Protective Services	Ephedrine	<u>Information</u> /Pscudoephedrinc Tracking Log rchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Departn	nent: Scott Twp	Fax: <u>867-67</u>	6 <u>1</u>
Health Department: Vandergburgh		Fax: <u>435-5612</u> Fax:	
Child Protee	tion Service:	rax;	
For further information regarding this methamphetamine laboratory, contact investigating Officer; <u>Trooper Doug Humphrey</u> Phone <u>812 8672079</u>			
This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.			

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.